

**B. REMARKS**

**1. Status of the Application**

Claims 1, 7, 22, 24-25 and 28-31 are pending in the application. Claims 1, 7, and 28 stand rejected under 35 U.S.C. § 103(a) as being unpatentable over U.S. Patent No. 6,047,259 ("Campbell") in view of U.S. Patent No. 6,468,210 ("Illiff"). Claims 22, 24, 25, and 29-31 stand rejected under 35 U.S.C. § 103(a) as being unpatentable over Campbell in view of U.S. Publication No. 2004/0078215 A1 ("Dahlin") and further in view of U.S. Patent No. 6,632,042 ("Chin").

Applicant hereby amends claims 1 and 22, cancels claim 28, and adds new claims 32-35.

**2. Claims 1, 7, and 32-35 Are Allowable Because Campbell Does Not Teach Prompting a User to Further Examine a Patient After A Diagnosis Has Been Made.**

Amended claim 1 recites:

A computer-based, interactive method for facilitating the evaluation, diagnosis and treatment of a patient, comprising the steps of:

- (a) conducting a preliminary physical examination of the patient and making a preliminary diagnosis based on the preliminary physical examination that the patient has a particular medical disorder;
- (b) after the performance of step (a), entering into the computer system information identifying the particular medical disorder;
- (c) after the performance of step (b), outputting from the computer system information about the particular medical disorder and information identifying other medical disorders that might be confused with the particular medical disorder;
- (d) after the performance of step (b), prompting the user to further examine said patient for one or more predefined signs or symptoms that might be exhibited by one afflicted with the particular medical disorder; and

(e) after the performance of step (d), conducting a further examination of the patient and entering into the computer system information identifying those of the one or more predefined signs or symptoms exhibited by the patient.

Claims 7 and 32-35 recite these steps through dependency. As such, claims 1, 7 and 32-35 recite prompting a user to further examine a patient after the patient has been diagnosed as being afflicted with a particular medical disorder.

Applicant submits that Campbell does not teach prompting a user to further examine a patient after the patient has been diagnosed as being afflicted with a particular medical disorder. Instead, Campbell teaches prompting a user to conduct a complete physical examination of a patient without regard to whether the patient might be afflicted with a medical disorder. Only after the user has completed the examination and verified that all observations made during the examination have been recorded, Campbell generates a rule out list of possible diagnoses based on those observations. *See, e.g.*, Campbell at col. 2, lines 16-27 (“the system displays physical exam screens that guide the user through a complete medical exam . . . At the end of an exam, the system evaluates the abnormal observations and generates a list of possible diagnoses”) (emphasis added); col. 7, lines 35-40 (“The user interface screens guide the user by displaying a list of items that require observation . . . At the end of the physical exam, the physical exam software requires the doctor to sign off on the physical exam. The doctor can then proceed to invoke the diagnosis software.”); col. 16, lines 32-33 (“When the physical exam is complete, the doctor can proceed to a diagnosis screen”) (emphasis added).

Campbell does not disclose or suggest prompting the user to conduct further examination of the patient after the rule out list has been generated or any diagnosis has been made. This is not surprising in that Campbell teaches at the outset that proceeding to collect medical observations after a diagnosis has been made can lead to inaccurate conclusions because such

further examination is likely to be biased by the original diagnosis. *See Campbell* at col. 2, lines 37-32.

Because Campbell fails to teach or suggest the foregoing steps, the rejections of claims 1 and 7 should be withdrawn, and these claims and claims 32-35 should be allowed.

**3. Claims 22, 24-25, and 29-31 Are Allowable Because Campbell Does Not Teach a Template Prompting a User to Further Examine a Patient After a Diagnosis Has Been Made.**

Claim 22, as amended, recites, in part,

An apparatus for use in connection with providing health care to a patient, comprising:

a set of templates, each of the templates directed to a different medical disorder, one of which medical disorders the patient has been preliminarily diagnosed as being afflicted with based on a preliminary physical examination of the patient, each of the templates provided with:

information prompting the user to conduct a further examination of the patient for one or more predefined signs and/or symptoms associated with the respective medical disorder.

Claims 24-25 and 29-31 recite these limitations through dependency. As such, these claims recite a set of templates, each template corresponding to a different medical disorder that a patient might be preliminarily diagnosed as being afflicted with based on a preliminary examination, and each prompting the user to further examine the patient after the preliminary diagnosis has been made. Applicant submits that Campbell does not teach such a template for at least the reasons set forth above in connection with the discussion of claims 1, 7 and 32-35. Accordingly, the rejections of these claims should be withdrawn, and these claims should be allowed.

**4. The Claims Are Allowable Because Campbell Does Not Teach Plural Examinations.**

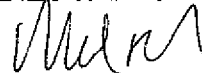
Claims 1 and 7 recite a method involving the steps of conducting a preliminary examination, making a preliminary diagnosis based on the preliminary examination, prompting the user to conduct a further examination, and conducting a further examination. As set forth in detail in Applicant's responses to previous Office Actions that issued in this case, Applicant submits that Campbell does not teach or suggest this combination of steps. For example, Campbell does not teach conducting a preliminary examination and then conducting a second examination in evaluating and diagnosing a patient. Applicant's attorney discussed this ground for distinction with Examiners Rapillo and Porter in a personal interview on April 6, 2010, but agreement was not reached.

**5. Conclusion**

Applicant respectfully submits that the application as amended is in condition for allowance and respectfully requests reconsideration and withdrawal of the pending rejections.

Respectfully submitted,

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Dated: June 4, 2010